

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       | ma       |        | 6/18/01  |
| FORMALITY REVIEW          | SA       | 535    | 8/6/01   |
| RESPONSE FORMALITY REVIEW | A.M      | 580    | 11-02-01 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original |          |
| 1              | 08/22/03 |
| 2              | 12/15/03 |
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| Claim          | Date     |
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| Final Original |          |
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| 52             | 12/15/03 |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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530  
08-06-01  
781  
11-02-04